SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

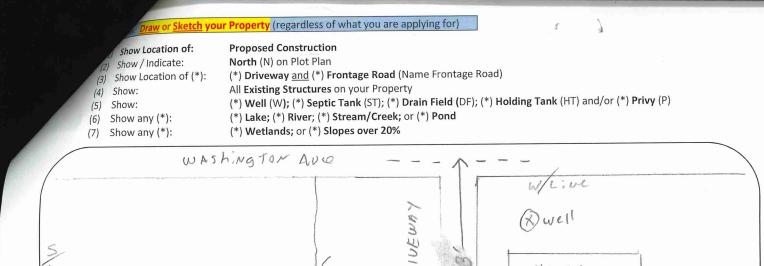


Permit #:	18-0317
Date:	8-24-18
Amount Paid:	\$75 8-14-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

checks are made payable to: Bayneld County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TVDE OF DEDNATE	2501150555												
TYPE OF PERMIT F Owner's Name:				ARY Nailing Ad		COND			CIAL USE	☐ B.O.		OTHER (at Po)	
owner straine.	01110 1	61620				· we T		ate/Zip:	- 11000	. /	Telephor	ne:	
	MAG	NUSSON				AU	WASH	bon wi	5489	11		3.0	
Address of Property				ity/State							Cell Phor	ne: 209-2283	
77	200 a	/AShimato	NAVE	WAS	Phone:	U Wi	I SI	1891			-/15	701 9000	
Contractor:			С	ontractor	Phone:	Plumber:					Plumber	Phone:	
Authorized Agent: (Self Parson Signing	Application on beha	of of Owner(a))	ant Dha		A		/: 1 1 0: /	2				
Authorized Agent.	rerson signing i	Application on bena	air of Owner(s))	gent Pho	ne:	Agent Ma	illing Addre	ess (include City/	State/Zip):	itate/Zip): Written Authorizatio Attached			
	1				-						□ Yes	□ No	
PROJECT LOCATION	Legal Des	cription: (Use		ax ID#	100	0 -				perty Ownership)			
LOCATION				0011	697					OR		33334	
1/4, _	1/	4 Gov	t Lot Lot(s)	CSM	Vol & Page		ot(s) No.	Block(s) No.	Subdivisi	4			
					1042 17	6	20			gelow:			
Section	1 <u>4</u> , Towi	nship 49	N, Range <u>04</u> v	V	Town of:				Lot Size		Acrea	-	
					BAY	VIELL)				9.	105	
			in 300 feet of River,			Distan	ice Structu	ire is from Sho	eline :	Is Prop	erty in	Are Wetlands	
Shoreland —		Landward side			continue —	901	-1/5005	1, 126 EAS	feet	Floodpla	0.00	Present?	
	☐ Is Prop	erty/Land withi	n 1000 feet of Lake,			- 1	ice Structu	ire is from Sho	eline :	□ Y		☐ Yes	
				If yesc	continue -	·			feet		Vo	No	
☐ Non-Shoreland													
Value at Time			DECEMBER 1							1	· ·		
of Completion						# (What Ty	pe of		Type of	
* include	Pr	oject	# of Stories	F	oundation	bedro		Sew	er/Sanita	ry System	1	Water	
donated time & material						struc		ls	on the pr	operty?		property	
The second secon	☐ New Co	nstruction	✓ 1-Story		Basement	1		Municipal/	City			☐ City	
_	☐ Additio	n/Alteration	☐ 1-Story + Lof		Foundation					ify Type:		Ø Well	
1,500	☐ Conver	sion	☐ 2-Story	×	brak	□ 3	7	Sanitary (E)					
	☐ Relocat	e (existing bldg)	NONE							Vaulted (min 200 gallon)			
	☐ Run a B	usiness on			Use	No.	one [
	Propert	•			Year Round			Compost To	ilet				
	- Canf	211	1				-						
								None					
Existing Structure	e: (if permit	being applied fo	or is relevant to it)		ngth:					Ho	aht.		
Existing Structure Proposed Constru		being applied fo	or is relevant to it)	Ler	ngth:	25	M	Vidth:			ght:	3 10	
		being applied fo	or is relevant to it)	Ler		25	M				ght: ght:	3 /0	
	uction:		or is relevant to it)	Ler Ler			M	Vidth:			ght:	Square	
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Proposed Us	ee 🗸	Principal		Ler Ler Prop	osed Struct	ure	M	Vidth:		Hei Dimension	ght:	Square	
Proposed Constru	ee 🗸	Principal	Structure (first str e (i.e. cabin, huntir	Ler Ler Prop	osed Struct	ure	M	Vidth:		Pimension X X	ght:	Square	
Proposed Us	ee 🗸	Principal	Structure (first sti e (i.e. cabin, huntii with Loft	Ler Prop ructure ng shack	osed Struct	ure	M	Vidth:		Pimension X X X	ght:	Square	
Proposed Us	ee 🗸	Principal	Structure (first str e (i.e. cabin, huntin with Loft with a Porch with (2 nd) Porch with a Deck	Ler Prop ructure ng shack	osed Struct	ure	M	Vidth:		Hei Dimension X X X X	ght:	Square	
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PORT

Please complete (1) - (7) above (prior to continuing)

s in plans must be approved by the Planning & Zoning Dept.

148

CREEK

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measureme	nt
Setback from the Centerline of Platted Road	178	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	160	Feet		Setback from the River, Stream, Creek	90-5/126E	Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	148	Feet				
Setback from the South Lot Line	2400	Feet	17"	Setback from Wetland	NONE	Feet
Setback from the West Lot Line	~190	Feet		20% Slope Area on the property	✓ Yes □ I	No
Setback from the East Lot Line	~175	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	72	Feet		Setback to Well	150	Feet
Setback to Drain Field	NONE	Feet				
Setback to Privy (Portable, Composting)	NONE	Feet	8			
Prior to the placement or construction of a structure within ten (10) feet	of the minimum require	d setback, t	the bo	bundary line from which the setback must be measured must be visible from	one previously surveyed cor	ner to the

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 389383	# of bedrooms: 2	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:						
Permit #: 18-0317	Permit Date: 8-24-18						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor	No Mitigation Require	A	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No				
Granted by Variance (B.O.A.) ☐ Yes ▼No Case #:		by Variance (B.O.A.) Case	#:				
Was Proposed Building Site Delineated ▼Yes □ No	owned present	Were Property Lines Represented by Owner Was Property Surveyed ✓ Yes ✓ Yes ✓ No					
Inspection Record: Lendowner present at 83' from edge of internitent street of erosin along stream/bank-nelli Date of Inspection: 8/22/18	inspection. South side of propose ram. Stricture in 1 be 9' south of vecentual Project appears code	ed structure is garage. Rep evidence compliant.	Zoning District (AG 1) Lakes Classification ()				
Date of Inspection: 8/22/18	Inspected by: Todd Norwood	Norwind Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? I Yes I No - (If No they need to be attached.) Strocture Shall rut be used for human habite soon I sleeping purposes. No pressurized water in structure without approved connection to Powts, must meet and maintain							
set-backs,							
Signature of Inspector: pold Norwood			Date of Approval:				
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:	_ □				

Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	-0317	,		Issue	ued To: Gregg & John Magnusson										
Location:	<u>.</u>	1/4	of	-	1/4	Section	29	Township	49	N.	Range	4	W.	Town of	Bayview	
Gov't Lot			·	Lot	20	Blo	ock	Su	bdivisio	on A	A Bigel	ow 8	& Co	CSM#		

For: Residential Accessory Structure: [1- Story; Car Port (18' x 25') = 270 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 24, 2018

Date

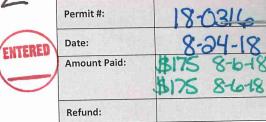
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 ATF \$175.00 X Z

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

DEPORTS TO SECOND STATE OF THE SECOND



INSTRUCTIONS: No permits will Checks are made payable to: BO NOT START CONSTRUCTION	yfield Cou	nty Zoning De	partment.	ayfiel	d.Co. Zoning D	ept.		FILL OUT	IN INK	(NO PENCII	L)		
		LAND !		ITARY	□ PRIVY □	CONDITIONAL	USE	SPECIAL U	JSE	□ B.O.A.	ОТ		
TYPE OF PERMIT REQUEST Owner's Name: Crescent Hold Address of Property: Gov		* 15 mm		Mailing	Address:	City/St	tate/Zip	:			sol	2817999	
Crescent Hola	ings			City/Sta	3/ 1 (001 C) /(ate/7in:	/W V ;	11.0	·STUTE	111	Ce	II Phone:		
Address of Property: GOV	020	r53E 3	33-50-9	City/Sta	ate/21p: 1 of Bay√iew ctor Phone: P	Raylol	10	o WT		5	07-2	1817999	
Va Cant Land, His	Wy 13			Contrac	ctor Phone: P	lumber:		002			umber Pl	none:	
Contractor:	ر ا ا			5072	81 7999								
Crescent B Authorized Agent: (Person Sig	ning Applica	tion on behalf o		Agent F		Agent Mailing Add	ress (ind	clude City/State,	/Zip):	1	ritten Au tached	ıthorization	
Authorized Agent. (Felson old											Yes 🗆		
				Tax ID#	#	7.7.						ving Ownership)	
PROJECT Legal	Description	on: (Use Tax	(Statement)		(0)	+70			20	16 R	5	66358	
LOCATION		Gov't Lot	Lot(s)	CSM	Vol & Page CSN	// Doc# Lot(s)	No.	Block(s) No.	Subd	ivision:			
1/4,	L/4		Louis	COIL									
	14	\$34			Town of:				Lot S	iize	Acreag	е	
Section 33, Tov	nship	50 N, Ra	nge <u>99</u> W	<i>y</i>	Bayvi	PWI			INY	256	5,	06	
					Sagvi							\	
□ Is	Property/	Land within	300 feet of Rive	er, Strea	am (incl. Intermittent)	Distance Struc	cture is	from Shorelin	e : feet	Is Proper		Are Wetlands Present?	
Cree	k or Land	ward side of	f Floodplain?	If ye	escontinue —					Floodplain		□ Yes	
Shoreland →	Property/	Land within	1000 feet of La	ke, Pon	d or Flowage	Distance Struct		from Shorelin	ie : feet	□ No	_	□ No	
				If ye	escontinue>	1000 / K	Sh	سدسارين					
☐ Non-Shoreland			,										
				-14-17-1			100		11.7			Type of	
Value at Time				الدابلة		# of	at-		hat Ty			Type of Water	
of Completion	Proje	ct	# of Stori	ies	Foundation	bedrooms				ary System		on	
* include donated time &	Troje					structure		ls on	the p	roperty?		property	
material	جعجيا	المحاورة				□ 1		/unicipal/City	,			☐ City	
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Fill Out in Ink - 'NO PENCIL

(1) Show Location of: Show / Indicate:

Proposed Construction

North (N) on Plot Plan

(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: (5) Show: All Existing Structures on your Property

(6)Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see attache WENTA

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	nent	Description	Measure	ement
Setback from the Centerline of Platted Road	58	Feet	Setback from the Lake (ordinary high-water mark)	100	Feet
Setback from the Established Right-of-Way	.0	Feet	Setback from the River, Stream, Creek	_	Feet
			Setback from the Bank or Bluff	80	Feet
Setback from the North Lot Line	Hwy I	S Feet		0.0	
Setback from the South Lot Line	LAKE SUP	Feet	Setback from Wetland	-	Feet
Setback from the West Lot Line	600 +/-	Feet	20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	500%	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	NA	Feet	Setback to Well	Non	✓ Feet
Setback to Drain Field	NA	Feet			
Setback to Privy (Portable, Composting)	NA	Feet			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit#: 18-0316	Permit Date: 8-24-	18		ALCOHOLD TO THE					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record (Fused/Contiguo) 262 7 1	itigation Required itigation Attached	☐ Yes → No ☐ Yes → No	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☐ No					
Granted by Variance (B.O.A.) ☐ Yes No Case #:		eviously Granted by Yes 🐧 No	Variance (B.O.A.)	e #: NA					
Was Parcel Legally Created Was Proposed Building Site Delineated □ Yes No		Were Property Line	es Represented by Owner Was Property Surveyed						
ATF form: A regulard.	Noted Aljaco	cat to H	اسر اع.	Zoning District (RR3) Lakes Classification ()					
Date of Inspection: 7 17 Z018		ut Schie		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.) Whist use Best Management freedices and Employ Erosion control measures to Prevent Silt & Sediment from entering Lake Superior. Erosion control must remain in flace untill revegetation is Complete.									
remela in place until t	remein in place untill revegetation is complete.								
Signature of Inspector:	$(l\cdot)$			Date of Approval: 8 17 18					
Hold For Sanitary: Hold For TBA:	Hold For Affidavit	: 🗆	Hold For Fees: 🗌						

Village, State or Federal

City, Also Be Required

After-the-Fact

AND USE - X

SANITARY - None

SIGN
SPECIAL - Class A

CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0)316		Issu	ed To: C	resent	Holdings l	LC						
Location:		1/4	of -	1/2	Section	33	Township	50	N.	Range	4	W.	Town of	Bayview
Par in Gov't Lot	3		Lot		В	lock	Su	bdivisio	on				CSM#	

For: Residential Other: [Shoreland Grading (80' x 60') = 4,800 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must use best management practices and employ erosion control measures to prevent silt and sediment from entering Lake Superior. Erosion control must remain in place until revegetation is complete.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 24, 2018

Date

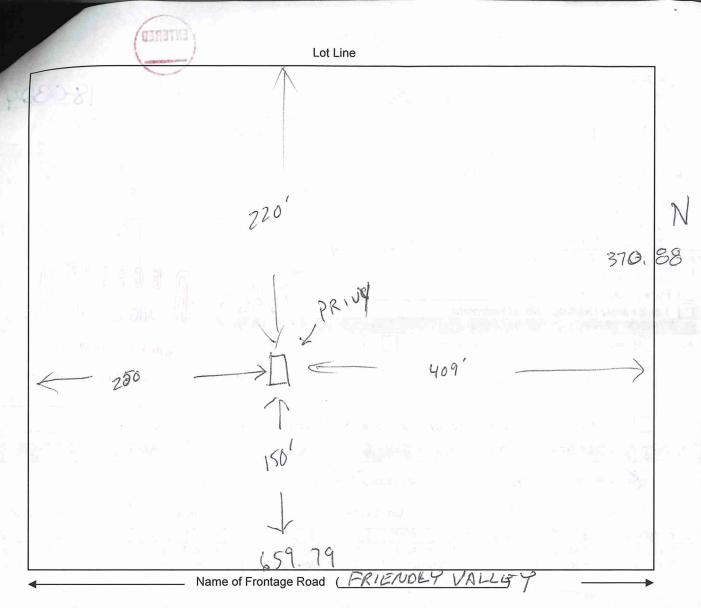
BAYFIELD COUNTY SANITARY PERMIT APPLICATION



Zoning District	FI	
Lakes Class	=	

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test County No: Permit No: 18-0304								
Property Owner's Name:									
Mitchel Bohm	,								
Address of Property:	Property Location:								
FRIENDLY VALLEY RD Property Owner's Mailing Address:	NE% SE%, S 15 T 49 N, R 5 E (or) \mathbb{W}								
Property Owner's Mailing Address:									
City, State Zip Code Phone Number	BAYVIEW Lot# Block#: Subdivision Name or CSM#:								
City, State ONE IDA W Zip Code Phone Number 920 9692374	J								
II. TYPE OF BUILDING: (Check One)									
State Owned	Parcel ID Tax Number(s):								
Public (Explain the use/purpose) 1 or 2 Family Dwelling - No. of Bedrooms	36967 N AUG 0.1 2018								
III. TYPE OF PERMIT: (Check only one box on line A. Check box	ALUE III ALUE III I I I I I I I I I I I I I I I I I								
A) New Replacement County	Private Interceptor Bayfield Co. Zoning Dept.								
D Parisis									
Reconnection Repair Revision	Translet of Owner (List Previous Owner below)								
A Secretary Residence for an account of the con-									
B) A Sanitary Permit was previously issued. <i>Previous</i>	Permit Number:Date Issued:								
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ments need previous permit number and date filled out above								
C) Pit Privy \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	gallons or cubic yards)								
Portable Privy Camping Transfer Unit Containe	r Composting Toilets Incinerating Toilet								
V. ABSORPTION SYSTEM INFORMATION:	ading Rate 5. Perc. Rate 6. System 7. Final Grade								
	ading Rate 5. Perc. Rate 6. System 7. Final Grade 1. Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) Elev. (Feet)								
7 2 101									
VI. TANK Capacity INFORMATION: In Gallons Total # of Mar	nufacturer's Prefab. Site Start Fiber- Pleatic Exper.								
New Existing Gallons Tanks	Name Prefab. Site Steel Fiber Plastic App.								
Septic Tank or 7.50	THE COURT IS DECEMBED A STANDARD WITH STANDARD WITH STANDARD STAND								
Holding Tank	Z that								
Lift Pump Tank / Siphon Chamber									
VII. RESPONSIBILITY STATEMENT:									
I the undersigned, assume responsibility for installation of the onsite	sewage system shown on the attached plans.								
Owner's Name(s): (Print) If applying for Section C above	Owner's Signature(s): (No Stamps)								
Plumber's Name: (Print) If applying for Section A or B) above Plumber	r's Signature: (No Stamps) MP/MPRSW No:								
Training is decision A or by above	survivors, and in a set or width fortiff world?								
Plumber's Address: (Street, City State, Zip Code)	Home Phone: Business Phone:								
	to be an administration of the								
VIII. COUNTY / DEPARTMENT USE ONLY	Doto:								
Disapproved Sanitary Permit/	Transfer Fee: Date Issued: Issuing Agent's Signature Date:								
Approved Owner Given Initial Adverse Determination	804-18 / A(X)								
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROV	AL:								
Rec'd for Issuance	the hold of the first								
AUG 2 2 2018	Plot Plan on reverse side								

Secretarial Staff



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - Building to all lot lines
 - Building to centerline of road
 - NONE Building to lake, river, stream or pond
 - NONE Septic / holding tank to closest lot line

 - Septic / holding tank to well No WELL

 - Septic/holding tank to building No BUILDING
 - Septic / holding tank to lake, river, stream or pond NONE o. Privy to closest lot line 150

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

- Privy to building No BUILDING
- Privy to lake, river, stream or pond NONE
- Drain field to closest lot line NoN€
- Drain field to building NONG 1.
- NOWELL m. Drain field to well
- Drain field to lake, river, stream or pond NONE

IMPORTANT DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

Well to building NO BULLDING

city, Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

LAND USE - X SANITARY - X SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Date

18-0324 Mitchel Bohm Issued To: No. **Bayview** 15 49 Location: **Township** Range 5 W. Town of $\frac{1}{4}$ of Section CSM# 1894 2 Subdivision Gov't Lot Lot Block For: Residential Other: [Vaulted Privy (250 Gallon)] (Disclaimer): Any future expansions or development would require additional permitting Condition(s): **Rob Schierman** NOTE: This permit expires one year from date of issuance if the authorized construction Authorized Issuing Official work or land use has not begun. Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found August 24, 2018 to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not